



PEEHIP

Quarterly



Vol. 4 No. 4

PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN

December 2008

Flu Season and Flu Shots

Up to 50 million Americans contract the flu, or influenza, every year. Sadly, it claims about 20,000 lives. The flu can be life-threatening, especially to young children and the elderly. Three virus types cause the flu: A and B cause respiratory illness epidemics during the winter, C results in mild or no illness. Bacterial pneumonia is the most common and serious complication. The viruses are spread by sneezing, coughing and direct contact.

Flu Symptoms: muscle aches, chills, fever, chest pain, sore throat, headache, weakness.

Treatment: plenty of rest; drink lots of fluids; aspirin, acetaminophen and ibuprofen relieve fever and discomfort (do not give aspirin to children); consult a doctor if a fever is over 102 degrees or if symptoms do not improve within 1 to 2 weeks.

The flu vaccination offers the best protection. The Centers for Disease Control (CDC) recommends getting the vaccination each fall. The immune system takes time to respond, so get the vaccine 6 to 8 weeks before flu season starts if it is available. For individuals with a compromised immune system (for example, patients undergoing chemotherapy) talk to your doctor about the flu vaccine. A healthy diet, sleep, and exercise build up the immune system. Avoid infected people and wash hands regularly.

Influenza vaccinations are covered under the PEEHIP Wellness Program benefits when a member goes to one of the screenings offered through the Wellness Division of the Alabama Department of Public Health. Employees, retirees, and adult dependents (18 years and older) covered under any of the hospital medical plans and optional coverage plans provided by PEEHIP are eligible to receive a flu shot. There is no copayment; just bring your insurance card. Information about the dates and locations of the Flu Shot Clinics can be obtained from the Alabama Department of Public Health's Web site at www.adph.org/worksitewellness/index.asp?id=2587.

Flu shots administered during a doctor's office visit are covered by PEEHIP under medical routine benefits. The regular \$20 copayment is applicable if the doctor's office files an office visit CPT code; for example, you were treated by the physician during an office visit. Flu shots given at a doctor's office without having a doctor's visit are also covered by PEEHIP. There should not be a copayment if the doctor's office does not file an office visit CPT code.

NOTE: PEEHIP does NOT cover Flu Mist. The Flu Mist is an alternative to the flu vaccination and is the first nasally-administered flu vaccine that has been approved by the FDA. However, the Flu Mist is a live virus and can only be administered to certain age groups. The Flu Mist has not been approved by the PEEHIP Board of Control primarily because there is not a shortage of the flu vaccination.

Medicare Part D

PEEHIP provides prescription drug benefits for Medicare eligible retirees and dependents enrolled in a PEEHIP Hospital Medical Plan even when these members are eligible for Medicare Part D benefits. Therefore, Medicare eligible members and dependents should **not** enroll in Medicare Part D. If a Medicare eligible retiree or dependent decides to purchase Medicare Part D coverage, he or she will forfeit their PEEHIP prescription drug coverage.

In order to have your PEEHIP drug coverage benefits reinstated, you must provide a letter to PEEHIP from Medicare stating that you are no longer enrolled in the Medicare Part D plan and the letter must provide the cancellation date of the Medicare Part D coverage. To contact Medicare about cancelling your Medicare Part D coverage, call toll-free at 800-633-4227.

Medicare eligible retired members and dependents continue to need Medicare Part A **and** Part B to have adequate coverage with PEEHIP.

Coverage for Dependent Children Aged 19 Through 25

Many of our members have contacted PEEHIP about adding a dependent child to their PEEHIP insurance coverage because they have heard Blue Cross and Blue Shield of Alabama has extended dependent child benefits on a member's health plan to include dependent children age 19 up to 25 regardless of their student or work status.

If your dependent child is between the ages of 19 and 25 and is **not** enrolled as a full-time student at an accredited school, he or she is **not** an eligible dependent for insurance coverage under the PEEHIP policy, even if the dependent child is unmarried and dependent upon you for over one half of his or her financial support. PEEHIP is a self-insured plan. The benefits are only administered by Blue Cross and Blue Shield of Alabama. The PEEHIP Board has **not** changed its current policy regarding these eligibility criteria.



Free Medications!

Have you or one of your dependents used any of the **brand name** medications shown below? If so, PEEHIP would like to offer you an opportunity to **save money on your copayments**. If you have had a prescription filled within the past 120 days for a brand name medication listed in this chart, you may be eligible to receive a therapeutically equivalent drug **absolutely free** for up to four months.

If you and your doctor agree that you are able to switch to the therapeutically equivalent generic drug, you can participate in this special program. Your doctor should write a prescription for the generic medication and indicate on the prescription that the brand name medication should be discontinued. When a pharmacist processes the new prescription, the computer will automatically charge nothing (\$0) for your copayment for up to four months.

Your copayment will be \$0 between October 1, 2008 and January 31, 2009, if you use one of these generic alternatives. This zero dollar copayment program will **save you money** on your copayments and will reduce the drug costs to PEEHIP. Your regular copayment for generics is only \$5. Eligible members should have received a letter in the mail from Express Scripts. If not, contact the Express Scripts Customer Service department at **866-243-2125** to find out if you are eligible.

DRUG CATEGORY: Low-Dose HMG

Condition:	High Cholesterol
Brand Name Drugs:	Altoprev; Crestor 5 mg; Lescol XL; Lipitor 10 mg or 20 mg; Vytorin 10/10 mg
Generic Substitutes:	Lovastatin; Pravastatin; Simvastatin

DRUG CATEGORY: Angiotensin II Receptor Blockers (ARB)

Condition:	High Blood Pressure
Brand Name Drugs:	Atacand; Avapro; Benicar; Cozaar; Diovan; Micardis; Teveten
Generic Substitutes (ACE Inhibitor):	Benazepril; Captopril; Enalapril; Fosinopril; Lisinopril; Moexipril; Trandolapril; Quinapril

DRUG CATEGORY: Angiotensin II Receptor Blockers/HCTZ (ARB)

Condition:	High Blood Pressure
Brand Name Drugs:	Atacand HCT; Avalide; Benicar HCT; Diovan HCT; Hyzaar; Micardis HCT; Teveten
Generic Substitutes (ACE Inhibitor/HCTZ):	Benazepril HCTZ; Captopril HCTZ; Enalapril HCTZ; Fosinopril; HCTZ; Lisinopril HCTZ; Moexipril HCTZ; Quinapril HCTZ

DRUG CATEGORY: Angiotensin-Converting Enzyme (ACE) Inhibitors

Condition:	High Blood Pressure
Brand Name Drugs:	Aceon
Generic Substitutes:	Benazepril; Captopril; Enalapril; Fosinopril; Lisinopril; Moexipril; Trandolapril; Quinapril

DRUG CATEGORY: COX-2 Inhibitors

Condition:	Analgesic
Brand Name Drugs:	Celebrex
Generic Substitutes:	Ibuprofen; Nabumetone; Naproxen

DRUG CATEGORY: Bisphosphonates

Condition:	Bone Conditions
Brand Name Drugs:	Actonel with Calcium; Boniva; Fosamax plus D; Fosamax oral solution
Generic Substitute:	Alendronate

The Shingles Vaccination

A new vaccine called Zostavax is available to reduce the risk of shingles in people ages 60 or older. PEEHIP began covering the vaccine effective October 1, 2007, for members age 60 and over. A 50% coinsurance amount is required from the member. Although the benefits were designed for the Zostavax vaccine to be administered in a physician's office, beginning January 1, 2008, PEEHIP began allowing members age 60 and over who are enrolled in the PEEHIP Hospital Medical Plan to receive coverage for the Zostavax vaccine at either a **network pharmacy** or at a **network physician**. Members are still required to pay 50% of the cost of the vaccine to the pharmacist. However, the pharmacy cannot bill Express Scripts electronically for the fee charged for the administration of the vaccine. Members have to file a manual claim for the reimbursement for the cost of administration. This change has allowed more of our members to receive the Zostavax vaccine.



FAQs About PEEHIP'S Prescription Drug Plan



1. How can I save money on my prescription drugs?

A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken, and the way it should be used. The FDA requires generic drugs to have the same high quality, strength, purity, and stability as brand-name drugs. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, **generic drugs are usually less expensive than brand-name drugs.** All generic drugs are approved by the FDA.

2. Explain brand name, generic equivalent and therapeutic alternative medications.

Brand-Name Medications: When a medication is developed, it is given a generic name and a brand name. The original manufacturer is the only company allowed to use the brand name and they receive patent protection during which time it is the only company allowed to sell the medication. For example, Lipitor is a brand-name medication and is manufactured by only one company. The generic version of Lipitor, atorvastatin, will not be available until the Lipitor patent expires.

Generic Equivalent Medications: After a brand-name medication loses its patent protection, other companies are allowed to manufacture the generic equivalent. Because many companies sell the generic version of a medication, competition drives down the medication's price. To qualify as a generic equivalent, the U.S. Food and Drug Administration (FDA) requires that the generic medication be identical in chemical active ingredients and strength to the brand-name medication. Inactive ingredients may be different. This is why some generics may differ in color and shape. But the generic must be as safe and effective as the brand-name medication in order to be approved by the FDA. For example, the brand-name Tylenol is manufactured by many companies as generic acetaminophen.

Therapeutic Alternative Medications: Therapeutic alternative medications are chemically different but have similar therapeutic effects. For example, acetaminophen and aspirin are different chemicals but because both are used for pain and fever, they may be used as therapeutic alternatives. The prices among Therapeutic Alternatives vary, sometimes significantly.

3. What is a Prior Authorization?

The process of obtaining certification or authorization from the pharmacy benefit manager, i.e. Express Scripts, Inc., for specified medications or specified quantities of medications. A Prior Authorization often involves appropriateness review against pre-established criteria. Your pharmacists or physician may **contact Express Scripts toll-free at 800-347-5841** to perform a Prior

Authorization review by phone or to request a Prior Authorization form. The completed Prior Authorization form can be **faxed toll-free to Express Scripts at 800-357-9577**. Drugs that require Prior Authorization and Step Therapy can be found on the PEEHIP Preferred Drug List on the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html, or by calling Express Scripts.

4. What is a Quantity Level Limit?

Quantity Level Limits are designed to (1) promote safe and appropriate drug use and (2) monitor drugs and/or drug classes that are widely recognized as having relatively high potential for overuse, misuse, and abuse. Monthly quantity limits are established in a science-based manner consistent with information from nationally recognized evidence-based guidelines and/or FDA-approved package labeling as submitted by the manufacturer of the product. Most quantity limits are established at the upper limit of the FDA-approved daily dosage range, notwithstanding special circumstances that are inevitable in clinical practice due to factors such as tolerance, individual variation in responsiveness, etc.

5. Who can I call if I have questions about my prescription?

You may call the **Patient Contact Center** at Express Scripts toll-free at **866-243-2125**. The contact center is available 24 hours a day, 7 days a week to assist members with questions about the PEEHIP Prescription Drug Plan.

6. If my pharmacist has questions about the PEEHIP Prescription Drug Plan, who can he or she call?

Your pharmacist can call the **Pharmacy Help Desk** at Express Scripts toll-free at **800-235-4357**. The help desk is available 24 hours a day, 7 days a week to assist pharmacists with PEEHIP questions.

7. How can I contact CuraScript Specialty Pharmacy?

Members and covered dependents must use CuraScript for all specialty medications. You may contact CuraScript Specialty Pharmacy toll-free by phone at 866-848-9870, or by fax at 888-773-7386. After the first fill of a specialty medication, PEEHIP members will be contacted by CuraScript to enroll in the PEEHIP Specialty Drug Program which coordinates patient care and refills through the CuraScript Specialty Pharmacy. The CuraScript Exclusive Specialty Drug list can be viewed and/or downloaded from the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html.

8. Where can I get a copy of the PEEHIP Maintenance Drug List and the PEEHIP Formulary Drug List?

These can be viewed and/or downloaded from the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html. Just click on the "Maintenance Drug List" link or the "Formulary Drug List" link. You will also find other helpful information about the PEEHIP Prescription Drug Plan.

9. What is Step Therapy and how does it work?

Step Therapy is the practice of beginning drug therapy for a medical condition with the most cost-effective and safest drug, and stepping up through a sequence of alternative drug therapies as a preceding treatment option fails. The Step Therapy program applies coverage rules at the point of service (for example, a first-step drug must be tried before a second-step drug will be covered). The member can get the second-step drug but it will not be covered by PEEHIP. If a claim is submitted for a second-step drug and the step therapy rule was not met, the claim is rejected, and a message is transmitted to the pharmacy indicating that the patient should be treated with the first-step drug before coverage of the second-step drug can be authorized. If a member would rather not pay the full price of the drug, the member's doctor should prescribe a first-step drug.

The PEEHIP Step Therapy Program applies to **new** prescriptions (those where a claim has not been filed and processed in the prior 130 days) for certain drugs taken regularly to treat certain ongoing medical conditions. These certain conditions include: **high blood pressure; nerve pain; insomnia; urinary conditions; bone conditions; analgesic; high cholesterol; heartburn; arthritis; depression; dermatologic; and allergies.** **Samples** given to you by your doctor are not considered processed claims for purposes of Step Therapy and sometimes cause a 130-day lapse in the purchase dates which will trigger a medication to fall under the Step Therapy requirement.

FIRST STEP: When visiting your doctor, be sure to take a copy of the **PEEHIP Step Therapy Program list** which provides the list of first-, second- and third-step drugs for each therapeutic class and condition and provide a copy to your doctor. You can download this list from the RSA Web site at www.rsa-al.gov/PEEHIP/pharm-benefits.html. First-step drugs are generally generic drugs that carry the lowest copayment of \$5. They are usually less expensive than brand-name drugs, commonly prescribed, and safe and effective. It will be necessary to use the first-step drugs before PEEHIP will pay for second-step drugs. Only your doctor can advise you about the drugs you take so

ask him or her to work with you to prescribe the most cost-effective medications for your specific condition.

SECOND STEP: If after trying the first-step drug treatment option, your physician decides the first-step drug is not appropriate for you, he or she can prescribe a second-step drug. A Prior Authorization is not needed as long as there is a presence of the first-step drug in your recent claims history. If, however, your doctor decides the first-step drug is not appropriate for you and prescribes a second-step drug bypassing the first-step treatment option, a **Prior Authorization form** must be completed and submitted by your doctor's office. See FAQ #3 regarding Prior Authorizations. Express Scripts may approve the medication if your doctor provides clinical information that warrants the use of the second-step product. Without an approved Prior Authorization, the claim will be rejected and the member will be required to pay the full price of the product. Second-step drugs are generally higher-priced brand-name drugs with a higher copayment of \$30.

THIRD STEP: The first- and second-step treatment options must be tried before PEEHIP will pay for third-step drugs. Third-step drugs are generally the most expensive brand-name drugs with the highest copayment of \$50.

10. Why is my medication subject to Step Therapy this month and it was not the last time I had it filled?

One of two reasons may be applicable:

1) You are a new member to the PEEHIP Hospital Medical Plan and Express Scripts does not have a record of your drug history claims processed under your prior drug coverage plan. To be "grandfathered" in from the Step Therapy requirement, you must provide a print-out of your Drug History Report to Express Scripts from your pharmacy which shows your processed claims for the medication for at least the prior 130 days.

2) You have not had a claim processed for the medication within the prior 130 days. This may happen even if you are taking your medication dosage as prescribed as some members get drug samples from their doctor which extend the time period between processed claims, especially if the member is taking an approved "maintenance" drug which allows a 90-day supply with each processed claim. Samples are not considered processed claims for purposes of Step Therapy. This may also happen if you are not taking your medication per the directions on the prescription label. You should not stop taking your medication or change the way you take your medication without talking to your doctor. If your doctor changes your prescription, have your doctor write a new prescription for the pharmacist with the updated information.



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